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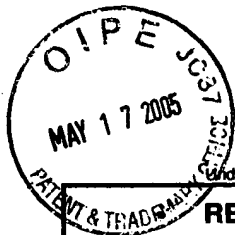
TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/775,634
	Filing Date	February 10, 2004
	First Named Inventor	Jon D. Pearson
	Art Unit	3671
	Examiner Name	Tara L. Mayo
Total Number of Pages in This Submission	Attorney Docket Number	JPA-1

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CHANGE OF CORRESPONDENCE ADDRESS**

Application Number	10/775,634
Filing Date	February 10, 2004
First Named Inventor	Jon Pearson
Art Unit	1328
Examiner Name	Tara L. Mayo
Attorney Docket Number	1284-001 (JPA-1))

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

OR

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I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Name	Jon Pearson		
Signature			
Date	5/13/2005	Telephone	(410) 489-5957

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

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